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# The facilitation of well-being through direct contact with family-of-origin for securely attached children in residential out-of-home placement

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THE FACILITATION OF WELL-BEING THROUGH DIRECT CONTACT WITH  
FAMILY-OF-ORIGIN FOR SECURELY ATTACHED CHILDREN IN  
RESIDENTIAL OUT-OF-HOME PLACEMENT

BY

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Bachelor of Arts, Saint Anselm College, 2004

THESIS

Submitted to the University of New Hampshire  
in Partial Fulfillment of  
the Requirements for the Degree of

Master of Arts

in

Counseling

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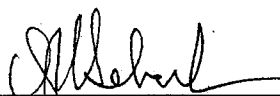
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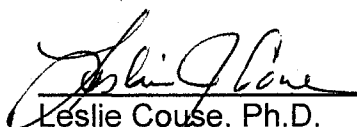
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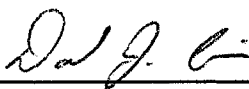
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## ABSTRACT

# THE FACILITATION OF WELL-BEING THROUGH DIRECT CONTACT WITH FAMILY-OF-ORIGIN FOR SECURELY ATTACHED CHILDREN IN RESIDENTIAL OUT-OF-HOME PLACEMENT

by

Katie Lynn LaRoche

University of New Hampshire, May, 2007

The current thesis project sought to answer the following two questions:

(1) What is the relationship between emotional well-being of children in residential, out-of-home placement and the frequency of contact with their family-of-origin? and (2) What is the relationship between the attachment style of children in residential, out-of-home placement and the frequency of contact with their family-of-origin?

Participants were recruited from a residential group home for abused and neglected children in New England. Limitations: Due to the nature of the population, obtaining informed consent proved difficult and the small sample size is the main limitation of this study. Results: (1) There are trends in the data to suggest a difference between well-being scores and frequency of contact with

family-of-origin for children in out-of-home placement. (2) There are trends in the data to suggest a difference between attachment style scores and frequency of contact with family-of-origin for children in out-of-home placement.

## CHAPTER I

### INTRODUCTION

Children are an integral part of the human population. These young people are the leaders of our future society. The skills taught, and the values instilled, will be the exhibited skills and values of the future. The importance of nurturing and providing for these children is evident. There are often circumstances where children are unable to remain in their homes and they are placed in foster care or residential group care. When the family of origin is unable to provide for the needs and nurturance of children, the responsibility falls upon a system of intertwined helpers; a net of care. Caring for these children takes the collaboration, cooperation, and compassion of many human services workers. The overall objective is to increase the safety, well-being, and quality of life of these children; to provide a stable, healthy childhood that instills skills and values necessary for a positive future. The breadth of needs to be met is considerable and it is necessary that no child falls through the cracks of the net of care. While the network of caring professionals works hard to provide the best environment for the child who has been removed from his/her home, what about the child's family-of-origin? What part do they play? This writer proposed that putting forth effort towards the establishment and maintenance of positive relationships between the child and his/her family-of-origin has a profound

positive effect on the well-being of the severely attached child while in out-of-home placement.

### **Purpose of the Study**

This writer has observed that children who have been removed from their homes and placed in residential care express a need to be reunited with their family-of-origin. Often those working to provide for these children witness this intense desire to return home despite convictions of abuse and neglect on the part of the children's parents. This need of the children to return to their family of origin, even if it is with a perpetrator of maltreatment, may defy logic. However, the use of logic is not always the basis of effective decision-making.

The current study was based on the premise of an extension model that will serve as an addition to the general work currently found in the literature. Two research questions were addressed:

- (1) What is the relationship between emotional well-being of children in residential, out-of-home placement and the frequency of contact with their family-of-origin?
- (2) What is the relationship between the attachment style of children in residential, out-of-home placement and the frequency of contact with their family of origin?

### **Background and Rationale**

#### **Attachment Theory**

Much literature has been published indicating the importance of creating attachments and bonds beginning at a very young age. Attachment theory

proposes that if a child is able to form a secure attachment with one adult individual, that child will develop a sense of trust, will see the world as a kind and fair place, and will desire to love and to be loved. From the perspective of attachment theory, an attachment can be formed with any person who is a consistent and loving figure in the life of the child. Current attachment theory speaks to the ability of any adult figure to be able to serve as an attachment figure (Andersson, 2005). However, personal field experience suggests that there is a greater desire to form and/or maintain, an attachment with a member of the children's family-of-origin or early adoptive family. In the face of violence, suffering, and negativity, there remains an unbroken bond, a sense of faithfulness, an innate need to be with whom they view as their family.

#### Contact with Family of Origin

Many studies have been conducted, based upon attachment theory, indicating the need for maintaining contact with family while in out-of-home placement. However, other researchers view continued contact as undermining the new relationship being developed in the new placement and therefore harmful to the child (Browne & Moloney, 2002).

#### Definition of Terms

The following terms are defined for the proper understanding of their use in this study:

Secure attachment: A person with a secure attachment style possesses a positive image of themselves and trusts other people (Bartholomew & Horowitz, 1991).

*Fearful attachment:* An attachment style of a person who possesses a negative image of him/herself and distrusts other people (Bartholomew & Horowitz, 1991)..

*Dismissive attachment:* An attachment style of a person who possesses a positive image of him/herself and distrusts other people (Bartholomew & Horowitz, 1991).

*Preoccupied attachment:* An attachment style of a person who possesses a negative image of him/herself and trusts other people (Bartholomew & Horowitz, 1991).

*Insecure attachment:* For the purposes of this study, preoccupied, fearful, and dismissive attachment styles were collapsed into one category entitled, *insecure attachment* style. This is defined in this way for the purposes of clearly differentiating among healthy, secure attachment, and less healthy types of insecure attachment. Attachment style was assessed through the results of the *Attachment Styles Questionnaire (ASQ)* (Oudenhoven & Hofstra, 2004).

*Attachment figure:* *Attachment figure* is defined as the person or persons whom the child views as responsible for providing for his/her needs. Attachment theory proposes that if an attachment is not formed in the early years of life, some children may become incapable of forming attachments. However, resilient children, if provided with a healthy caregiver later in life, may be able to form a healthy attachment to that person (Andersson, 2005).

*Family-of-Origin:* Defined as the child's biological or adoptive parents.

Contact: Contact is defined as visitation. Visitation can include day residential placement visits, day community visits, day home visits, or overnight home visits.

Emotional well-being: Defined by the categorization previously established by the Behavior Assessment System for Children, Second Edition (Reynold & Kamphaus, 2004) titled, "Adaptive Scales." The adaptive scales focus on areas of positive psychological adjustment. The definition of well-being, defined by psychological adjustment was chosen due to the clinical sample of the current study. The nature of children in residential, out-of-home care is that these children have had to undergo adjustment to a new home. Adaptive scales encompasses four categories: *relations with parents*, *interpersonal relations*, *self-esteem*, and *self-reliance*. *Relations with parents* evaluates the child's tendency to feel valued and supported by their parents. *Interpersonal relations* evaluates the child's estimation of feeling liked and respected by peers. *Self-esteem* evaluates the child's feelings of self-respect and self-worth. *Self-reliance* evaluates the child's estimation of self-dependability and being confident in one's own abilities (Reynold & Kamphaus, 2006).

### **Basic Assumptions**

It is assumed that the research to determine the reliability and validity of the scales of measurement used was conducted in an honest manner and therefore the scales are in fact truly reliable and valid. It is assumed that each person who participated in the current study, did so in an honest, willing, and sincere manner. It is assumed that no participant purposefully worked to

sabotage the results of the study and that each worked to the best of his/her ability.

### **Scope and Locale**

The study assessed six children, two males and four females, aged fourteen to seventeen, in a culturally heterogeneous city in New England who are currently residing in a group residential home away from their family-of-origin. Although the sample is small, the scope of the study is rather large, encompassing influencing information for children placed in out-of-home residential care.

### **Summary**

Overall, the intent of this study was to examine the implications for well-being of family-of-origin visitation with children while in out-of-home placement as it relates to the child's attachment style. The sample was a group of children residing in a residential group home in New England. Due to the difficulty with obtaining informed consent, the sample size is small. The research questions were developed through the lens of attachment theory, prior empirically-based research on well-being, and professional opinion.



## CHAPTER II

### REVIEW OF THE LITERATURE

Mary Ainsworth and John Bowlby were the first researchers to investigate attachment styles in children. The findings and implications of their research are discussed. Current thinking in attachment theory and the newly identified reactive attachment disorder is explained. The implications of attachment research and its effects on treatment of children in residential out-of-home placement are discussed in relation to the current study. Also, the history of the child welfare system and the current legislation is discussed in relation to the assessment and facilitation of child well-being.

#### **History of Attachment Theory**

Mary Ainsworth and John Bowlby are well known for their contributions to the professional literature in regards to attachment styles in children and the implications of removing children from their attachment figures at an early age, for an extended period of time. Each researcher contributed extensively in his/her own right, and together they collaborated to produce groundbreaking research.

#### **John Bowlby**

Upon completion of a medical degree, John Bowlby began to specialize in child psychiatry with a developing interest in parent-child relationships. In 1944,

he conducted his first research study, in which he found that among juvenile thieves, many of them had experienced prolonged separations from their mothers at an early age. As the children developed they began to be labeled as “affectionless” and as “thieves.” Spurred by his findings, Bowlby continued to look at the effects of parent-child separation at early stages of life. In 1948, Bowlby established his own research team and conducted studies of children who had been separated from their mothers due to illness. He was also commissioned by the World Health Organization to pursue similar studies regarding the fate of children without families. Recurring themes of deprivation leading to maladjustment and a lack of affection, as well as an inability to regain a secure attachment, continued to emerge (Ainsworth & Bowlby, 1991).

In the 1950s Bowlby began to look at ideas of ethology by Konrad Lorenz, whose work was with precocial birds, and their distress about separation from a mother figure (Lorenz, 1981). Bowlby found a similar phenomenon occurring in humans. Throughout the 1950s, Bowlby was drawn to the ethological work by Robert Hinde and to evolution theory, systems theory, and cognitive theory (Ainsworth & Bowlby, 1991). He also looked highly upon the work of Harlow with rhesus monkeys and their attachment to figures that provided not just food, but also comfort (Harlow, 1959; Harlow & Harlow, 1962). Bowlby looked at many genetically-based behaviors, such as crying, smiling, and clinging, and their implications for the formation of attachment. Bowlby also began to look at the relationship of separation anxiety regarding an attachment figure who is absent but cannot be fully terminated. For example, a child who has been in foster care

for a length of time may have a parent whose parental rights have not been terminated. Thus, there is still a slight possibility that the child may one day return to that parent.

In the 1970s John Bowlby published a trilogy explaining his findings in regards to attachment, genetic disposition to fear, separation anxiety, and defense mechanisms resulting from insecure attachments. He continued his research throughout the 1980s, and then in 1990 published a biography of Charles Darwin, which is evidence of Bowlby's appreciation for evolutionary thought and theory, and his ethological approach to personality development (Ainsworth & Bowlby, 1991).

Bowlby believed that attachment has an evolutionary purpose. Those who are better able to securely attach to a parental figure are then better able to act in ways that encourage care. More parental care may lead to increased learning for self-care and thus better survival skills. Overall, attachment is instinctive and assists in the ability to protect oneself and increases the likelihood of survival (Sable, 2004).

### Mary Ainsworth

Mary Ainsworth (maiden name Salter) did both her undergraduate and graduate work at the University of Toronto, where she was mentored by William Blatz (Ainsworth & Bowlby, 1991) whose focus was on security theory as a means of understanding the development of personality. Ainsworth based some of her eventual attachment theory upon Blatz's security theory. Security theory identifies different types of security: immature dependent, independent, and

mature dependent. The first is immature dependent security, which is when infants must rely on parental figures to take care of them and to take responsibility for them. The available parent provides a secure base from which the child can explore. Independent security occurs when children are able to rely on themselves and become more interested and curious about the world around them. Mature dependent security is when dependency is on a person's peer rather than a parental figure, and is a state that complements, and may be intertwined with, independent security. Ainsworth saw value in Blatz's theory, but found it lacking in many ways, particularly in regard to defense mechanisms. Blatz believed that only conscious thinking processes were relevant to personality development. Ainsworth disagreed. She believed that underlying influences can, and do, affect the way a person thinks and behaves (Ainsworth & Bowlby, 1991).

After graduation Ainsworth worked in collaboration with Blatz as a faculty member, then moved on to participate in wartime occupations. In 1950, Mary Ainsworth joined John Bowlby's research team. Her focus was similar to that of Bowlby: the adverse effects of a child separated from a parent at an early age, especially in institutional settings. Four years later, Ainsworth followed her husband to Uganda, where she began conducting her own study looking at amount of distress a baby displayed when separated from its mother, as an indication of attachment. She discovered that securely attached babies cried when they were separated from their mother and then were put at ease upon reunification. Insecurely attached babies cried when the mother was there and

when she was absent. Upon return from Uganda, Ainsworth settled in the United States and was reunited with John Bowlby. Both researchers continued to conduct studies and publish their findings. By 1970, Ainsworth had developed her theory to the point of defining attachment as “an affectional tie that one person or animal forms between himself and another specific one—a tie that binds them together in space and endures over time (Ainsworth & Bell, 1970, p. 50).” She identified three distinct styles of attachment: secure attachment, avoidant attachment, and ambivalent attachment. A person with a secure attachment style, as defined by Ainsworth and Bowlby (1991), has developed a viewpoint from which he/she sees the world as trustworthy and dependable and he/she seeks to give and receive love. Those with secure attachments utilize their caregivers as a secure base in the face of anxiety and distress. A person with an avoidant attachment will typically see the world as hostile. These people can rarely trust anyone and generally tend to ignore a person if they attempt to act as a caregiver later in life. Lastly, a person with an ambivalent attachment does not quite know what to expect from his/her caregiver. He/She is typically clingy at times. Other times the child may react to the caregiver with anger. The child grows to understand the world in terms of its inconsistencies, and therefore develops a lack of trust (Cole & Cole, 1996).

Trying to gain an even better understanding of this phenomenon called attachment, Ainsworth formulated the *Strange Situation Test* based upon her findings in Uganda. The test consists of eight episodes that are designed to be novel experiences for the child, so that exploration is invoked. However, the

experiences are designed to be no more intense than everyday novel occurrences for the child, so as not to invoke fear. In all eight situations the reactions of the baby are observed. The observer notes reactions to both the stranger and the mother. The episodes are as follows: (1) the mother and the observer carry the child into the room and the observer leaves. (2) The mother places the child in a designated area in the room and quietly sits in a chair participating only if the child seeks her out. This lasts three minutes. (3) The mother and child are in the room and a stranger enters the room. For the first minute the stranger sits quietly, the next minute the stranger speaks to the mother and the third minute is passed by the stranger slowly approaching the child with a toy before leaving the room. (4) The stranger and the child are in the room together. If the child is playing the stranger simply observes. However, if the child is inactive, the stranger attempts to playfully engage the child. If the child is distressed the stranger attempts to comfort the child. This lasts three minutes. (5) Mother enters the room and observes child's spontaneous reaction. The stranger leaves and once the child is actively engaged in play again, the mother leaves after saying "buh-bye." (6) The child is left alone for three minutes. (7) Episode 4 is duplicated with the stranger and the child. (8) Mother returns and the stranger leaves and the mother-child reunion is observed (Ainsworth & Bell, 1970, p. 55).

Based upon the babies' reactions to each of the eight episodes, they were categorized as either having secure, insecure, or avoidant attachment. Securely attached babies had mothers who were sensitive, responsive, and had bodily

contact with the mother. These babies didn't protest much when their mothers left the room and were more likely to greet their mother warmly upon her return. Insecurely attached babies cried a lot in general, but tended to be indifferent when their mothers left the room. They tended not to greet her when she returned. The third category was avoidant attachment, where the child tended to be ambivalent toward the mother as a result of rejection from her when desiring contact and sensitivity (Ainsworth & Bowlby, 1991).

In 1977 Ainsworth collaborated with Mary Blehar and Alicia Lieberman to study the face-to-face interaction between 26 mother-infant pairs and an unfamiliar figure. Infant behavior changed over time as they aged from six to fifteen weeks old, even as maternal behavior remained consistent. Upon re-visitation of the participating babies, each baby was classified as either having secure attachment or anxious attachment. Those who were later deemed as having secure attachment were more responsive in earlier face-to-face interaction, and their mothers were more supportive and encouraging in terms of interaction. Babies with secure attachment were also more responsive to their mothers than to the unfamiliar person. Babies with anxious attachment showed more signs of negative emotion and unresponsiveness in terms of the face-to-face interaction. These babies were not more responsive to their mothers than to the unfamiliar person. Mothers who responded to their babies with playfulness and sensitive encouragement had babies with secure attachment styles who seemed to exhibit more smiling, more vocalizations, more bouncing, and the ability to meet a gaze. Mothers who were matter-of-fact and impassive tended to

elicit babies with anxious attachment styles who did not respond as positively to the mother, and their interactions were much briefer (Blehar, Lieberman, & Ainsworth, 1977).

Ainsworth and Bowlby continued to collaborate on the development and validation of attachment theory and its implications through the 1990s, publishing many articles and books on the subject and influencing academic, clinical, and lay populations (Ainsworth & Bowlby, 1991).

### **Current Thinking in Attachment Theory**

Inspired by Bowlby and Ainsworth and their research collaborators, much research has been done in an effort to validate, challenge, and improve upon the original thinking behind attachment theory. One such aspect of expansion came in the form of looking at attachment in adults through a modification of Ainsworth's three attachment styles. The Adult Attachment Interview was developed in order to translate Ainsworth's child attachment styles into an assessment of adults (Bretherton, 1992). The scale is in the form of open-ended questions that seek to discover responses to questions regarding adults' childhood experiences, childhood attachment relations, and their implications for their adult development. Three patterns emerged for adults: autonomous-secure, preoccupied, and dismissing. The autonomous-secure adults clearly and coherently reported their childhood experiences whether they were positive or negative. The preoccupied adults discussed conflicted childhood memories and were not able to organize them in a clear and consistent manner. The dismissing adults were not able to remember very much at all regarding their childhood.



Those memories that were recalled spoke largely to instances of rejection.

These three classifications corresponded to Ainsworth's three classifications. In addition, they were empirically correlated. For example, an autonomous-secure adult-parent tended to have a securely attached child, whereas an avoidant child tended to have a dismissing adult-parent (Bretherton, 1992).

Another model of attachment has since been adapted from Ainsworth and Bowlby's original. Bartholomew and Horowitz (1991) developed a variation of categorization in order to look more specifically at how adult attachment style is representational of current family relations. Based upon the model of self and the model of the other that was developed by previous work in the field of attachment by Bowlby and Ainsworth, Bartholomew and Horowitz created a variation of the original attachment styles, expanding the categorization from three to four. These four styles (secure, preoccupied, dismissing, and fearful) represent variations of dichotomized thought regarding self and others (Bartholomew & Horowitz, 1991). A secure attachment style is indicative of a sense of worthiness and a view that others are accepting and responsive to oneself. A preoccupied attachment style is indicative of a sense of unworthiness and a view that others are accepting and responsive to oneself. A person with a fearful attachment style views her/himself as unworthy and views others as rejecting. A person with a dismissing attachment style has a sense of worthiness and views others negatively (Bartholomew & Horowitz, 1991). The following table depicts the four attachment styles.

Table 1

Attachment Styles

		<b>MODEL OF SELF</b> (Dependence)	
		Positive (Low)	Negative (High)
<b>MODEL OF OTHER</b> (Avoidance)	Positive (Low)	<b>CELL I</b>  <b>SECURE</b> Comfortable with intimacy and autonomy	<b>CELL II</b>  <b>PREOCCUPIED</b> Preoccupied with relationships
	Negative (High)	<b>CELL IV</b>  <b>DISMISSING</b> Dismissing of intimacy Counter-dependent	<b>CELL III</b>  <b>FEARFUL</b> Fearful of intimacy Socially Avoidant

(Bartholomew & Horowitz, 1991)

This model of attachment style was used in the development of the Attachment Styles Questionnaire (ASQ) (Hofstra, Oudenhoven, & Buunk, 2005), which is a valid and reliable measure for attachment style as defined by Bartholomew and Horowitz (1991) and was utilized in the current study.

Reactive Attachment Disorder

Those children whom Ainsworth would have classified as insecurely attached or ambivalently attached today may be classified under the diagnosis of reactive attachment disorder. Those diagnosed with *inhibited reactive attachment disorder* do not initiate social interactions or respond appropriately to them. These children usually experienced a loss of a primary caregiver at a very

early age. Without a primary attachment figure, they tend to have physical and emotional delays, flat affect, and poor hygiene. They are often described as being under-stimulated, unfocused, and may have an under-development of motor coordination and fail to exhibit typical interpersonal exchanges. The disinhibited reactive attachment disordered child usually has experienced multiple caregivers and lost multiple attachment figures, and thus tends to create superficial relationships with many people. The symptoms of the disinhibited reactive attachment disordered child are: excessive familiarity or promiscuity with unfamiliar people, giving out unsolicited hugs to many people, and approaching strangers to solicit food and other comforts (Lake, 2005). The diagnosis of reactive attachment disorder is based upon much of the historical literature published by Mary Ainsworth and John Bowlby. The diagnosis offers a current description of the negative implications and symptoms of the failure to securely attach to a caregiver at a young age.

#### Implications of Attachment Styles

Interested in the implications of secure, insecure, and avoidant attachment styles, Mikulincer, Shaver, Gillath, and Nitzberg (2005) conducted an experimental study analyzing the behaviors of people under subliminally charged circumstances. For instance, a participant might be given a task, and while engaging in that task, is presented with stimuli that are too fast to detect consciously. The study was conducted within an experimental laboratory using rapid visual presentation, and a contrived situation was created for each participant. Group 1 was subliminally exposed to the names of people who

provided a sense of security for the participant. Group 2 was subliminally exposed to the names of people who were close to them and did not provide a sense of security, but rather a sense of insecurity. Group 3 was subliminally exposed to the names of people whom they did not know or who were simply acquaintances.

Results were consistent with the hypotheses. Results showed that those in Group 1 displayed increased compassion and an increased willingness to help while those in Groups 2 and 3 were unable to display compassion or a willingness to help. Through analysis of the results, the researchers found that those with a secure attachment style are able to redistribute their own attention and resources away from themselves and toward others. Their focus is less on self-protection and more on empathy and compassion. This sense of security allows people to feel comfortable with being close to others and being interdependent. Meanwhile, insecurely attached individuals experience everyday challenges as a threat to their sense of safety, self, and identity. They tend to portray a façade of self-esteem and self-efficacy that leads to maladjustment. Overall, researchers concluded that secure attachment leads to positive attributes of compassion, empathy, and willingness to help, while insecure attachments lead to an inability to be selfless and an increased need for self-protection that may lead to maladaptive behaviors (Mikulincer et al., 2005).

### **Attachment and Children in Residential Out-of-Home Placements**

When children have been visited infrequently and irregularly, they are less able to depend upon their family-of-origin. This unpredictable situation creates

an atmosphere of uncertainty for the child and his/her view of the future. Those children who are visited regularly were more likely to have a clearer understanding of what their future may look like and they were more likely to be securely attached to their parents (Bowlby, 1965). Also, those who were visited infrequently were less likely to return home after residential care, thus giving validation to their concerns regarding the unpredictability of their future (Fanshel & Shinn, 1978).

Schofield (2002) conducted a study interviewing forty adults who had spent at least three of their childhood years in foster care. The interviews resulted in an expression of the need for a secure base. Many of these children entered foster care without a secure attachment. Schofield (2002) discovered that among his participants, there was a strong need to foster the child's relationship with the primary caregiver and create an environment within the foster care home that provides structure, stability, and comfort.

Robert (1991) conducted a study with 52 foster care children and their foster care parents, investigating the child's styles of attachment and the implications of these varying attachment styles. Case files were reviewed in order to determine reasons for placement, and the Parent-Child Reunion Inventory was filled out by the foster care parents in order to assess quality of behavior following separation. Foster care parents also filled out the Child Behavioral Checklist, and foster care workers rated the quality and intensity of attachments of the children with their parents. The foster care children were then interviewed in order to assess social supports and perception of quality of

relationships with peers and adults. Results showed that those with more secure attachment styles had fewer behavioral and fewer school-related problems, thus indicating a need to provide children with an opportunity to develop and maintain secure attachments.

McWey (2004) investigated individual differences, loss, and contact with family as it relates to attachment style. His sample consisted of 110 children within the foster care system. Standardized test measures were used and resulted in no significant differences in regard to attachment style and child characteristics. However, evidence was shown to suggest a relationship between a lack of family contact and an avoidant attachment style.

Overall, the research tends to suggest that children with secure attachment styles seem to do better. They experience fewer behavioral and school-related problems, have an increased ability to act in ways that exhibit compassion, selflessness, empathy, and exhibit a willingness to help compared to their peers with an insecure attachment style. Also, evidence was shown to suggest a relationship between a lack of family contact and an avoidant attachment style. Those who were visited more frequently tended to have a secure attachment style to their family-of-origin. Thus, one must ask the question, would attachment style change to secure if family contact was increased? Or is it better to refrain from family contact with children who display avoidant attachment styles and build upon newly developing relationships?

### **Well-Being of Children in Residential Out-of-Home Placements**

During the 1800s people began to recognize the need for the protection of children and in 1899 the juvenile court system was established. During the 1950s the “child battered syndrome” was defined and greater concern was brought to the public in terms of the well-being of children and the need to protect those in harm’s way. At this time, the foster care system and an infrastructure of child protection was developed. With the steadily growing number of children being placed in care, the government enacted the Adoption Assistance and Child Welfare Act (AACWA) in 1980 in an effort to reduce the number of children spending much of their childhood in the foster care system. The AACWA was an effort to require that “reasonable effort” be made to reunify children with their families (Administration of Children and Families, 2007).

Congress came to the understanding that “reasonable effort” was being taken to mean “every conceivable effort” and many children were being injured by remaining in inadequate living situations. This notion, along with a need to promote the well-being of children, along with safety and permanency (Pasztor, Hollinger, Inkelas, & Halfon, 2006), prompted the currently adhered to Adoption and Safe Families Act (ASFA) of 1997.

The ASFA states that the child welfare system needs to ensure that children are residing in environments where they are safe, they are working toward permanency planning, and their emotional well-being is positive (Administration of Children and Families, 2007).

Research has since been conducted to evaluate the effectiveness of the 1997 Adoption and Safe Families Act (ASFA). Some professionals have indicated that the ASFA is indeed in line with the best interests of the children it is intended to serve (Kernand & Lansford, 2004) and that it is the most effective child welfare reform enacted (Mitchell, Barth, Green, Wall, Biemer, Berrick & Webb, 2005).

However, not all research indicates satisfaction with the implementation and impact of ASFA. Some research indicates that federal foster care has not met the ASFA guidelines (Lowry, 2004). Lowry states, "The evidence continues to mount that the federal foster care program as revised by ASFA has not, and will not, achieve ASFA's articulated objectives of furthering the safety, well-being, and permanency of foster children" (Lowry, 2004, p. 1028). Lowry emphatically states that efforts are not being made to remedy this situation and that it is necessary to revise the structure of federal foster care funding based upon policy, not on politics. Other impact studies indicate that ASFA shortens the time families have to correct inadequacies, and therefore, termination of parental rights (TPR) appears to be enacted more often than reunification due to an inability for families to successfully access and utilize supports and resources necessary to remedy reasons for child placement. Research also indicates that service providers are making fewer efforts to facilitate reunification due to the new legislature (Humphrey, Turnbull & Turnbull, 2006).

Two years after the implementation of ASFA, in addition to the previously reported data, research indicated that there needs to be a shift of focus from



safety and permanency to a more comprehensive view of the child that includes well-being (Bilaver, Jaudes, Koepke, & Goerge, 1999). Part of the efforts of ASFA were to ensure well-being as an unequivocal component to decision making in the interest of the child. However, the extent of the implementation of this goal is unknown. "Despite the fact that child welfare legislation everywhere advances child well-being as one of its most fundamental objectives, efforts to measure the well-being of children in state care have been surprisingly rare and unsustained" (Barber & DeFlabbro, 2003, p. 69). Altshuler and Gleeson (1999) concur with that statement and indicate that efforts are not being made to ensure the well-being of the child. Too much emphasis is being placed on safety and permanency and less on well-being. Well-being needs to be of equal importance to the first two aspects of the mandate.

Altshuler and Poertner (2002) conducted a study to begin to further the research in terms of evaluating the emotional well-being of children in care. Sixty-three adolescents residing in group homes or institutions were evaluated. Results showed that participants reported high levels of physical health, resilience, problem solving skills, and academic achievement. However, lower levels of self-esteem, emotional comfort, psychosocial development, family involvement and work relations were found. The characteristics which were reported as low are considered to be relevant to the child's emotional well-being. Therefore, the research indicates that emotional well-being of children in care needs to be a greater focus of care, especially when the emotional well-being needs are not being met by the child's family-of-origin. Those whose needs are

not being met by their parents are in need of fulfilling that gap with the system. This must be accomplished.

Additional research has developed indicating a greater need for the implementation of programs to facilitate greater well-being, and to implement more effective assessment of these programs. Several factors have been identified that point in the direction of serving to facilitate greater well-being in children in out-of-home placement. These include: child welfare workers, treatment plans and decision making, quality of placements and providers, and family-of-origin visitation. Humphrey, Turnbull, and Turnbull (2006) stress the importance of decision makers, such as judges and service providers, to make decisions based upon planned, purposeful, and individualized cases. Pasztor, Hollinger, Inkelas, and Halfon, (2006) stress the importance of the roles of both child welfare providers and placement providers. For example, the child welfare system must increase the quality of childcare workers and foster care parents through increased training and measures of accountability. Training models such as the one proposed by Stand (2006) to train staff to meet ASAF objectives are essential to effective change. Childcare workers must begin to solicit satisfactory case histories upon intake in order provide appropriate individualized treatment planning. Part of those case histories should include a current list of activities in which the child is involved. It has been identified that continuity of activity facilitates well-being in children in out-of-home placement (Fong, 2006). Assessment of child well-being and the implementation of assessment for the purposes of evaluating effectiveness of changes is paramount (Barber &

Delfabbro, 2000). In addition, it is ever-important to continue researching the effectiveness of instituted plans and assessment measures (Pasztor, Hollinger, Inkelas, & Halfon, 2006). It is also important to view well-being in terms of day-to-day expression of life satisfaction, opposed to legal status. Barber and Delfabbro (2005) discovered that many children in care are in fact satisfied and express positive emotional well-being. In such cases, this information must be considered of equal value, if not more important, than the mandates of the ASFA and its pressure toward permanency planning. Development and implementation of minimum national standards in order to ensure the assurance of well-being in children in residential, out-of-home placement is a necessary step forward (Lowry, 2004).

Lowry's (2004) plea for minimum standards was partially answered in the state of New Hampshire as indicated in the 2004-2009 Comprehensive Child and Family Safety Plan (New Hampshire Division for Youth, Child and Families, 2004, p. 26). This mandate requires that all children entering foster care must undergo a comprehensive mental health assessment in order to determine specific mental health needs. This is a positive step, however, continued efforts must be made to ensure child welfare. It is necessary to continue to research and assess the implementation and effectiveness of ASFA in order to improve the child welfare system and discover the most effective means of facilitating positive well-being in children in residential, out-of-home placement.

### **Direct Contact with Family-of-Origin during Out-of-Home Placement**

In addition to the previously mentioned was suggested to facilitate the well-being of children in care, family visitation is an important element to consider. Some people believe that the maintenance of relationships between the child and the attachment figure in the child's life is important for his or her healthy emotional well-being (Cantoss, Griers, & Slis, 1997; Delfabbro, Barbara, & Cooper, 2002; McWey & Mullis, 2004; Leathers, 2002; Proch & Howard, 1986; Sanchirico & Jablonka, 2000). However, others believe that maintaining contact with the child's family-of-origin may disrupt the current life of the child and prevent positive relationships from developing with the child's current care providers (Leatghers, 2003; Erera, 1997; Fashnel & Shinn, 1978; Haight, Black, Workman & Tata, 2001).

### **Positive Implications**

Cantos, Griers, and Slis (1997) hypothesized that frequent contact with family-of-origin would decrease frequency of internalizing and externalizing problem behaviors. The children were interviewed for two hours in order to explore their placement experiences and identify their reasons for placement. The children were then asked to complete the Wide Range Achievement Test (Jastak & Wilkinson, 1984), and the foster care parents were asked to complete the Child Behavioral Checklist (Achenbach, 1991). Results showed that children who had contact with their family-of-origin spent less time in foster care and experienced fewer changes in placement. Children who were visited regularly showed fewer signs of problematic behaviors, such as withdrawal, depression,

and anxiety. The authors note that at times, problematic behaviors increased immediately before or after a visit, but in the long run those behaviors and expressions such as sadness and withdrawal were less than if the child was not visited at all, or was visited irregularly.

The role of the parent during out-of-home placement was thoroughly investigated by Delfabbro, Barbara, and Cooper (2002). The researchers studied 235 children between the ages of four and seventeen who were referred for a new placement between May of 1998 and April of 1999. The children in placement were given a hyperactivity scale. Their corresponding case workers then filled out a conduct disorder scale and were asked to comment upon their own perceptions of whether or not family contact was beneficial. Within the sample, at the time of the first follow-up, there was a significant association between greater family contact and likelihood of reunification with the family. Fifty-six of the children had experienced reunification and only seven of those 56 had had no family contact during placement. Looking at data from both the first and second follow-ups, the data revealed that in 80% of the cases, case workers perceived that family contact had a positive influence on the well-being, adjustment, and possibility of reunification of the child. However, in one in five children, case workers did not believe family contact was productive. Looking at changes in frequency of contact over short time periods (those in between the follow-ups), the researchers found that frequency of contact did relate to improved relationships.

Other studies also support the notion that those who maintain contact with their family-of-origin have stronger attachments and are better socially adjusted. Those who maintained stronger attachments were found to have fewer behavioral problems, took fewer psychiatric medications, and were not as often diagnosed as developmentally delayed (McWey & Mullis, 2004). Also, Leathers (2002) found implications of attachment through an analysis of 199 foster care children. Correlational data were primarily gained through structured phone interviews. Results showed multiple placements and inconsistent parental visitation were correlated with a lack of secure attachment and a lack of community and church involvement. Interestingly, gender differences also emerged. Acting out behavior was associated with a lack of strong attachment in males, whereas acting out behavior was associated with a lack of community and school achievement in girls. Leathers (2002) also found that increased visitation tended to increase a child's sense of well-being and successful reunification with family-of-origin, therefore indicating that increased frequency of visitation meets the objectives of the ASFA in terms of permanency planning and well-being.

The above research studies produced empirically-based evidence suggesting the benefit for children residing in out-of-home placement to have regular contact with their family-of-origin. It was discovered that this regular contact was correlated with secure attachment styles, improved relationships, positive effect on well-being, adjustment, and resulted in an increased likelihood of reunification with family. Also, children who were visited regularly showed fewer signs of behavioral problems, depression, and anxiety. With this

knowledge, it is paramount to create policy (Proch & Howard, 1986) and put forth an effort to facilitate the compliance with visitation as a part of the child's treatment plan (Sanchirico & Jablonka, 2000).

### Negative Implications

However, research also indicates negative aspects of parental involvement when children are in out-of-home placement. Leathers (2003) investigated this phenomenon among 199 adolescents who had been in out-of-home placement for longer than one year. The results of the study showed that when parents frequently visit their children while the children are in out-of-home placement, loyalty conflicts can arise for the child, causing distress between ties to their biological parents and their foster parents.

A study of 324 Israeli foster parents showed a lack of motivation to encourage the involvement of family-of-origin parents of the foster care children they were rearing. On paper they admitted to holding no negative attitudes toward the child's original parents, but in reality, the foster care parents displayed no effort to be involved with the original parents. There were also beliefs expressed that the children now "belonged" to them more so than the children belonged to their original parents (Erera, 1997).

With children who have been in placement for five years or longer, frequent parent visits may be distressing to children. Their ability to cope with their separation may be inhibited by the frequent visits (Fashnel & Shinn, 1978). In addition, more recent literature explores the impact of visitation upon children and their mothers. A study by Fashnel and Shinn (1978) was conducted using

nine mothers and their babies who were between the ages of 12 and 24 months old. Data were collected using observations by two non-affiliated observers of hour-long visitations of mothers with their children. Observations were made on face-to-face interactions and initiation-response sequences. The mothers were then interviewed following their visits to elicit information on factors contributing to their visitations. In general reunions and visitations seemed to be joyous events; however, many parents felt pressure and anxiety around making sure that a visit was positive because it was such a relatively short visit. One of the reunion visits was characterized by sadness. This sadness and anxiety on the part of the parent may have been perceived by the child and thus created an anxious or sad experience for the child. Thus it is important to assist and support parents in helping to create positive visits for children in order to facilitate the benefits of visitations rather than the possible negative implications, such as the transference of anxieties and sadness (Haight, Black, Workman, & Tata, 2001).

Therefore, it has been found that it can be difficult for children in out-of-home placements to maintain relations with family-of-origin that will result in positive experiences, thus affecting the positive development of the child and his/her relations to the family-of-origin. Such difficulties include, the feelings of the foster care parents as they relate to the child's original family-of-origin and the potential loyalty conflicts that can arise for the child in regard to the foster parents and the family-of-origin. Another difficulty may be the family-of-origin's feelings regarding short, possibly supervised visits and the possible



misconception by the child of the parent's negative feelings associated with such visits.

### **Well-Being as it Relates to Attachment**

Research has found that emotional well-being may be correlated with attachment in foster care children. A longitudinal study conducted by Guvner Andersson (2005) looked at 26 children who were under four years of age and had spent at least four months in placement. Background information was sought through interviews with the mothers and an analysis of the child's file and case notes. Children were observed daily by child care workers and two other contact people. Triangulation was attempted through interviews with workers and the family, questionnaires filled out by the children, and case files. Interview questions were utilized to identify attachment issues and degree of contact with the child's birth family. The children were then interviewed and assessed five, ten, fifteen, and twenty years after they left their foster care home. They were asked to make "I-statements" in regards to their social adjustment, family relations, and well-being. Looking at the five- and ten-year follow-up studies, Andersson (2005) found that participants' relationships that tended to emerge fell into three categories. First, some children identified their biological parents as their parents and did not mention their foster family as important. Second, there were children who did not have contact with their biological family and saw their foster family as very important. Third, there were children who saw both their biological family and their foster family as equally important. In the twenty-year follow-up study, the same categorizations could be made, but the children, now

adults, did not necessarily fall into the same categories. Instead of continuing this type of categorization, the author created new categories based upon the participant's current life situations. The classifications were "good," "moderate," and "bad" in terms of social adjustment and well-being. The placement of children into these classifications was based upon their responses to the Symptom-Checklist 90 (a scale assessing the overall mental health of the person based on six scales), plus demographic information obtained regarding their occupation, their financial situation, drug usage, and history with the law. Family relations were based upon frequency and quality of contact. Results show that those ten children who were classified as having "good" social adjustment and well-being reported a lasting and significant relationship with at least one parental figure. Also, while in placement, these children had maintained contact with their biological family, which may have promoted greater adjustment. The child's sense of permanence and sense of identity through maintained contact with an attachment figure may have contributed to an overall sense of positive well-being (Andersson, 2005).

The nine children who fell into the "moderate" social adjustment category had more symptoms checked off on the Symptom Checklist-90. They were able to hold occasional jobs, and had never had a record for illegal activity in terms of criminality or drugs. Those in this category failed to maintain positive relationships with their family of origin while in foster care, which may be attributed to either insecure parental attachments before removal from the home and/or a lack of emphasis by the foster family to maintain contact with the family-

of-origin. Although there were many odds stacked against these children, they remained resilient and were able to score as moderately socially adjusted (Andersson, 2005).

The seven children in the “poor” social adjustment category were found to have had similar backgrounds among each other, but some of the children who were in this group had originally been categorized as non-attached at age four. These children also had multiple placements and tended to behave in socially inappropriate ways (such as being aggressive and violent) that may have led to rejection by their peers. Overall, this comprehensive study emphasizes the importance of the development of a stable attachment figure as a means to assist in the development of secure attachment, which may lead to good social adjustment and positive well-being. This research also points to the fact that dissimilar to prior thinking, attachments may be formed at later stages in life and that the initial mother-child attachment does not necessarily predict that a child will never be able to attach to another person (Andersson, 2005). Overall, the research tends to suggest that children with a more positive sense of well-being had secure attachments to parental figures during childhood.

### **Summary and Conclusions**

Through the formulation of attachment theory from the work of Bowlby and Ainsworth and the current trends in attachment theory, researchers have validated the importance of gaining and maintaining a secure attachment. Those with insecure attachments tend to have more behavioral problems, and tend to be less likely to socialize in productive ways. There may also be a tendency

toward the development of reactive attachment disorder among children with insecure attachments. When children are placed in foster care, oftentimes they are removed from their attachment figure and that bond may be damaged or broken. In order to avoid the negative implications of removing a child from an attachment figure, much of the literature supports frequent visitation of the family-of-origin to the child while in out-of-home placement. As cited earlier, research indicates that consistent family-of origin-visitation correlates with overall better adjustment, increased levels of secure attachment, and an improved sense of well-being.

Negative implications of family-of-origin visitation speak to the confusion of loyalty conflicts for the child between the foster family and his/her family-of-origin. These loyalty conflicts may increase a child's acting out behavior and disrupt his/her sense of well-being. Also, parental anxieties and discomfort over visitation may be perceived by the child and may be misinterpreted by the child as a sign of rejection.

Overall, the controversy in the literature over the implications of family-of-origin visitation for children in foster care validates the need for the current study. Based upon the literature, including the use of attachment theory and the implementation of national standards as they relate to well-being, the current study hypothesized that for securely attached children in residential out-of-home placement, facilitation of positive emotional well-being may be partially accomplished through direct contact with family-of-origin.

## CHAPTER III

### PROCEDURES OF THE STUDY

This research study proposed to better understand the interaction between children and their families-of-origin. There is much debate in the literature between the benefits and drawbacks of children in placement having contact with their family-of-origin. This researcher hypothesized that children with secure attachment style are positively impacted by contact with their family-of-origin while in placement. In order to assess this hypothesis this researcher developed two related questions and assessed participants using quantitative measures in order to determine the relationship of contact, or lack of contact, with their family-of-origin in terms of attachment style and overall emotional well-being.

#### **Participants**

Participants were recruited from a residential group home for abused and neglected children aged fourteen to seventeen in a city in New England. Any voluntary child living in the group home was eligible for the study as long as parent/guardian consent and child assent were obtained. This researcher was previously employed by this residential home and therefore is knowledgeable of the day-to-day activity schedule routine and general overriding philosophy by which the home is run. This researcher currently has a long-standing

professional relationship with the Executive Director of the group home and gained his full support and cooperation with this research project. It was a hope that the knowledge of the environment, accompanied by the full support and cooperation of the Executive Director and his staff, would create a situation in which the likelihood of obtaining informed consent would be greatest. Despite these efforts, obtaining parental/guardian informed consent proved difficult. There is an opportunity for 21 children to be residing in the group home at one time. However, due to the fluidity of placements, this researcher anticipated a sample size of fifteen children and obtained an actual sample size of six assenting participants with accompanying signed informed consent forms. There were four female participants and two male participants.

### **Instrumentation**

Attachment style was measured and identified by the Attachment Styles Questionnaire (ASQ) (Oudenhoven & Hofstra, 2004). The ASQ is a 24-item assessment with a five-point Likert scale. The assessment took participants approximately ten minutes to complete. Reliability and validity have been determined by the authors of the instrument. Internal consistency has been documented per scale using Cronbach's alpha. The reliability coefficient of the fearful attachment scale, the preoccupied attachment scale, the secure attachment scale, and the dismissive attachment scale was calculated. The scores are .78, .78, .77, and .68 respectively (see Appendix B).

Well-being was measured by the Behavior Assessment System for Children, Second Edition (BASC-II). The BASC-II is a pencil and paper self-

report assessment that consists of 69 “True/False” questions followed by 107 “Never, Sometimes, Often, Almost Always” questions. Each question is one sentence long. The assessment took each participant approximately fifteen minutes to complete. The personal adjustment scale was utilized. The scale has a .76 test-retest reliability. The validity of the BASC-II personal adjustment scale, as compared to the personal adjustment BASC scale is .45 (Reynold & Kamphaus, 2004) (see Appendix C).

Frequency of contact was determined through review of the participant’s file. The number of days the participant visited with his/her family was recorded for the previous three months. The frequency was then added and divided by three in order to determine an average frequency of family visitation.

Standardized Assessment Addendum Question (SAAQ) was an instrument developed by this researcher for the purposes of the current study. The instrument is standardized based upon the exact sameness of each question presented to each participant. This instrument consisted of a total of four questions: One open-ended question for the purposes of defining family, two questions to assess locus of control on a five-point likert scale, and one multiple-choice question to assess degree of satisfaction with current frequency rates of family-of-origin visitation (see Appendix D).

### **Administration of the Instruments and Procedure**

Step 1: The researcher attained parental/guardian informed consent (see Appendix E) and child assent. The researcher met with all children residing in the residential group home to introduce herself and explain the research project.

The researcher then met individually with each eligible participant and provided an assent that explained the details of the study (Appendix F).

Step 2: The BASC-II (Appendix C) and the Attachment Styles Questionnaire (ASQ) (Appendix B) were filled out by each willing participant. The results of each were tabulated.

Step 3: The child filled out the Standardized Assessment Addendum Question (SAAQ) (Appendix D). This researcher reviewed the information gained in the SAAQ.

Step 4: The researcher utilized the information gained in the SAAQ to understand the participant's definition of family. This information was utilized to review the participant's file in terms of frequency of contact.

Step 5: The researcher reviewed the participant's file and gathered information to determine frequency of contact with family-of-origin, treatment goal, demographics, and length of stay to date.

#### **Procedure for Analysis of Data**

Due to the small sample size, statistical analysis was not used. Observations of the data were utilized in providing trends leading toward implications for the research questions in the current study. Two groups (1 and 2) were formed based upon frequency of contact and compared based upon scores of well-being and scores of attachment. Another two groups (3 and 4) based upon attachment style and compared based upon scores of well-being. In addition, case-by-case analyses were conducted in order to assess additional observable trends in the data.



## CHAPTER IV

### ANALYSIS OF DATA

This study investigated the relationship between well-being and frequency of contact with family, and the relationship between attachmentstyle and frequency of contact with family for children residing in out-of-home placement. In order to test the research questions, children residing in an intermediate-level group home in a diverse city in northern New England participated in the current study. Six children, four females and two males, were used as participants in this study. The age and demographic information for this sample included one biracial and five Caucasian participants ranging from age fourteen to seventeen years of age.

The guiding questions for this study were as follows:

- (1) Do greater frequency of direct contact between family-of-origin and the child increase the child's overall well-being while in out-of-home placement?
- (2) Is there a relationship between the child's attachment style and the frequency of direct contact with family of origin?

#### **Observable Data**

**Question 1:** There is an observable difference between means when comparing Group 1 (Mean = 48) to Group 2 (Mean = 33) (see Table 2). Group 1 consists of three participants, two male and one female. The treatment goal for two of the participants is independent living and for one participant the treatment

goal is reunification with family. Each of these three participants had some contact with their family-of-origin. Frequency of contact was measured by the previous three months. On average, participants in Group 1 had five direct contact visits per month with family-of-origin. Family-of-origin is defined as biological or adoptive parents. Each participant with regular contact with family-of-origin received a self-rated score of positive overall emotional well-being.

Group 2 consists of three females. The treatment goal for two of the participants is independent living and for one participant the treatment goal is adoption. Each of these three participants had zero contact with their family-of-origin. Frequency of contact was measured by the previous three months. On average, participants in Group 2 had zero direct contact visits per month with family-of-origin. Family-of-origin is defined as biological or adoptive parents. Each participant with zero contact with family-of-origin received a self-rated score of negative overall emotional well-being.

Table 2  
Well-Being and Frequency of Contact

Group 1	Some Contact	Group 2	Zero Contact
A	Positive Well-Being (T = 49)	D	Negative Well-Being (T = 36)
B	Postive Well-Being (T = 52)	E	Negative Well-Being T = 24)
C	Positive Well-Being (T = 43)	F	Negative Well-Being (T = 39)

**Question 2:** Two out of three children with a secure attachment style had some contact with their family-of-origin, while two out of three children with an insecure attachment style had zero contact with family-of-origin. Table 2 depicts the conversion of attachment styles into “secure” and insecure.” Two out of three of those participants with secure attachment styles reported having a positive overall emotional well-being (see Table 3). Of those participants with insecure attachment styles, two out of three reported having a negative overall emotional well-being. Based upon this data, it can be implied that having a secure attachment style may impact emotional well-being positively. Therefore, efforts to develop and maintain secure attachments between children and their attachment figures, typically their original caregivers, is necessary. It was found that those same two out of three of participants who had secure attachments and positive overall emotional well-being also had some contact with their family-of-origin.

Table 3

Attachment Styles Data: Raw Scores and Conversions

Participant	Secure	Fearful	Dismissive	Preoccupied
A	2.9	3.3	4	3.4
B	5	2.5	3.4	3.6
C	4	2.5	3.2	3.9
D	2.6	3	3	3.4
E	1.6	4.8	3.2	5
F	3.6	2.8	3.2	2.4

Table 3 (continued)

Participant	Attachment Style		Participant	Attachment Style
A	Dismissive	⇒	A	Insecure
B	Secure		B	Secure
C	Secure		C	Secure
D	Preoccupied	⇒	D	Insecure
E	Preoccupied		E	Insecure
F	Secure		F	Secure

Table 4

## Attachment Style and Frequency of Contact

Group 1	Some Contact	Group 2	Zero Contact
A	Insecure Attachment Style (T = 3.4) Preoccupied	D	Insecure Attachment Style (T = 3.4) Preoccupied
B	Secure Attachment Style (T = 4) Secure	E	Insecure Attachment Style (T = 4.8) Fearful
C	Secure Attachment Style (T = 4) Secure	F	Secure Attachment Style (T = 3.6) Secure

**Supplemental Findings**

In addition to answering the two guiding research questions, additional data proved valid to report upon. Group 3 and Group 4 were distinctly different (see Table 5). Group 3 consisted of participants with secure attachment styles. Of these participants, two out of three scored positive emotional well-being.

Group 4 consisted of participants with insecure attachment style. Two out of three of these participants scored negative emotional well-being. The trends in the data suggest a relationship between attachment style and well-being. According to these findings, participants with a secure attachment style appear to report a more positive emotional well-being.

Table 5  
Attachment Style and Well-Being

<b>Group 3:</b>	<b>Secure Attachment Style</b>	<b>Group 4:</b>	<b>Insecure Attachment Style</b>
B	Positive Well-Being (T = 52)	A	Positive Well-Being (T = 49)
C	Positive Well-Being (T = 43)	D	Negative Well-Being (T = 36)
F	Negative Well-Being (T = 39)	E	Negative Well-Being (T = 24)

In addition to looking at group analysis, it is interesting to analyze the data on a case-by-case basis due to the small sample size obtained in this research project (see Table 6). Both the New Hampshire State and United States Federal regulations have been pointing professionals in the direction of permanency planning, which is typically reunification with family, as the optimal treatment goal (Adoption and Safe Families Act of 1997, 1997). Interestingly, only one of the six participants surveyed has reunification with family as the treatment goal. In this particular case, "Participant B" on average visits with her family nine days per month, has a positive sense of overall well-being, is content with the number of

times she sees her family, and believes that she could see her family more or less frequently if she so desired. In this case specifically, it appears as though frequent family visitation, being one of many variables, may have an effect on facilitating a greater sense of positive well-being and an internal locus of control ( $T = 57$ ). This internal locus of control is evident in this participants' sense of control over ability to influence frequency of visitation. It is noteworthy, that this is the only participant who desired to maintain the same frequency of visitation; thus indicating satisfaction.

Four out of the six participants, "Participants A, C, E, F," desired more frequent contact with their family-of-origin, thus providing empirical evidence to this writer's professional observations previously discussed that despite reasons for out-of-home placement such as abuse and/or neglect, these children still desire to have contact with their family-of-origin. These four participants desiring more frequent contact with family-of-origin all have a treatment goal of independent living. Thus, even though the goal is not reunification with family, these children still desire to maintain an effort to increase frequency of contact with their family-of-origin. This small sample points toward an innate desire to remain close with the initial attachment figure despite evidence of maltreatment.

"Participant D" has a treatment goal of adoption. This participant expresses a desire to decrease frequency of visitation with family-of-origin. The current frequency of visitation is 0% per month. It is of interest to compare "Participant D" from the rest of the group. "Participant D" is the only participant who does not believe she has any control over the frequency of visitation with

family-of-origin. It is noted in her file that parental contact is not approved due to a court mandate of Termination of Parental Rights (TPR). Also, "Participant D" has a negative sense of well-being (T = 36). This participant has only been a resident in treatment for six months, which is the least amount of time in residence among the participants.

Table 6  
Analysis: Case-by-Case Comparisons

Participant	Gender	Well-Being	Contact	Attachment	Tx Goal*	Desired Contact
A	Male	T = 49	Some (5)	Insecure	I.L.	More
B	Female	T = 52	Some (9)	Secure	R.F.	Same
C	Male	T = 43	Some (3)	Secure	I.L.	More
D	Female	T = 36	Zero (0)	Insecure	A.	Less
E	Female	T = 24	Zero (0)	Insecure	I.L.	More
F	Female	T = 39	Zero (0)	Secure	I.L.	More

\* Tx Goal – Treatment Goal: I.L. = Independent Living; R. F. = Reunification with Family  
A = Adoption

Upon undergoing the case-by-case analysis, unpredicted commonalities were examined. The data indicate that three out of three of participants with a secure attachment style self-report difficulties with their parent relations, while three out of three of participants with insecure attachment styles self-report positive parent relations (see Table 7).

Table 7  
Attachment Style, Well-Being and Self Reported Measures  
of Quality of Parent Relations

Group 1	Secure Attachment Style		Group 2	Insecure Attachment Style	
	<u>Well-Being</u>	<u>Parent Relations</u>		<u>Well-Being</u>	<u>Parent Relations</u>
B	Positive (T = 52)	Negative (T = 36)	A	Positive (T = 49)	Positive (T = 51)
C	Positive (T = 43)	Negative (T = 36)	D	Negative (T = 36)	Negative (T = 32)
F	Negative (T = 39)	Negative (T = 18)	E	Negative (T = 24)	Positive (T = 43)



## CHAPTER V

### SUMMARY AND CONCLUSIONS, IMPLICATIONS AND RECOMMENDATIONS OF THE STUDY

#### **Summary and Conclusions**

##### **Well-Being and Family-of-Origin Contact**

The results of the current study indicate a very strong relationship between positive emotional well-being and some frequency of contact with family-of-origin. The data suggests that it is beneficial, in terms of overall emotional well-being, for children in residential, out-of-home placement to have regular contact with their family-of-origin. The data also suggests that it is possible that having zero contact with family-of-origin while in residential, out-of-home placement may have negative implications on overall emotional well-being. Based upon this study, it is indicated that professionals who develop treatment plans, and those in the court system who prescribe visitation plans, be aware of the impact of visitation upon overall emotional well-being.

As previously indicated, some of the literature states that family-of-origin visitation while in care does increase well-being (Cantos, Griers, & Slis, 1997; Delfabbro, Barbara, & Cooper, 2002; McWay & Mullis, 2004), while other literature states that increased frequency of contact with family-of-origin disrupts the child (Leathers, 2003; Fashnel & Shinn, 1978; Haight, Black, Workman & Tata, 2001). The current study indicates that all of the children surveyed who

had frequent parental visitation self-reported positive emotional well-being. Thus, this research concludes that it is recommended to facilitate child-parent visitation during out-of-home placement in order to ensure overall emotional well-being. The literature also speaks to the increased success rate of reunification when frequent parental visitation is enacted. Reunification, as a part of permanency planning, is in accordance with the ASFA. Therefore, based upon trends of this research, if frequent parental visitation is a part of the child's treatment plan and is adhered to properly, there is a greater likelihood, holding all other variables constant, that the child's emotional well-being may increase and the chance of reunification may increase, thus indicating an adherence to the ASFA guidelines and effective treatment for the good of the child in care.

#### Attachment Style and Family-of-Origin Contact

Two out of three children with a secure attachment style had some contact with their family-of-origin, while two out of three of children with an insecure attachment style had zero contact with family-of-origin. The data implies that children with a secure attachment style experience more frequent visitation. Does a secure attachment style indicate greater willingness on the part of the child to participate in visitation? Does a secure attachment style indicate a stronger bond between the child and his/her caretaker and thus the caretaker is more likely to cooperate with visitation? The data is not sufficient to answer these questions. However, it should be noted that there is a relationship between secure attachment and an increased frequency of contact.

## **Supplemental Findings**

### **Attachment Style, Well-Being, and Family-of-Origin Contact**

The data indicate two out of three children surveyed had an insecure attachment style, had a negative emotional well-being and had zero contact with their family-of-origin. Two out of three children with a secure attachment style had a positive emotional well-being and had some contact with family-of-origin. Child care workers and other professionals responsible for creating and implementing treatment plans for children in residential out-of-home placement should be cognizant of these findings. It is recommended that an effort be made to create an appropriate visitation arrangement that facilitates frequent and consistent contact between the child and his/her family-of-origin, especially for children with a secure attachment style.

### **Case-by-Case Analysis**

“Participant D” compared with “Participant B”: “Participant D” has a treatment goal of adoption, her parental rights have been terminated and has a negative well-being score. Often if the goal is reunification, it is unpredictable if the parents will succeed in fulfilling the court mandates required in order to receive their child. Therefore, it is possible that the unpredictability of reunification could create a decrease in well-being and the permanency of TPR could create an increase in well-being. This may be related to one’s view of control over their lives. Children with TPR have the ability to now choose others to incorporate into their lives to fulfill their needs. Children who are waiting on reunification could experience loyalty conflicts when attempting to incorporate

others in their lives to fulfill their unmet needs. Empirical evidence supports this as indicated by “Participant B,” whose treatment goal is reunification, has an external locus of control, whereas, “Participant D,” whose goal is adoption due to TPR, has an internal locus of control. It can be hypothesized that “Participant D” now has a greater sense of control over the people she desires to incorporate into her life compared to “Participant B” who is waiting on the efforts of her parents. This data speaks to the importance of permanency planning and the involvement of the child in this planning, as is age appropriateness. When children have a clear understanding of their life circumstance and feels as if they have some control over the predictability of their lives, well-being scores increase.

#### Parent Relations and Attachment Styles

All of the participants with secure attachment styles reported difficulties with parent relations, whereas all of participants with insecure attachment styles reported positive parent relations. At first glance this information may not appear logical. It is possible that due to the small sample size, the data can be considered inconclusive. However, with the assumption that this data would remain constant with a larger sample size, what might this indicate? In clinical settings, it is often indicated that if a child is able to argue with a parent, it is a sign of positive, secure attachment. This child knows that even though he/she expresses disagreement, the parents love for him/her is unconditional and this disagreement will not cause the parents to abandon the child. However, if a child is not confident that he/she has unconditional love from his/her parents, then

he/she may be less willing to cause conflict for fear of abandonment. Thus, it could be possible that children with insecure attachment styles are fearful of acknowledging poor parent relations. In acknowledging poor parent relations, conflict may arise, and conflict may lead to abandonment. On the other hand, children with secure attachment styles may be confident that expression of poor parent relations will not lead to abandonment and therefore these children may feel more free to express themselves honestly. It could be possible that children with poor parent relations with secure attachments are in denial, have oppositional defiance, or have a fantasy about their parent relations, or are unable to accurately determine "good" parent relations. The possibilities are limitless and the current research can only speculate upon these possibilities.

### **Limitations**

"The challenges to conducting research with children in foster care are formidable" (Berrick, Frasch, & Fox, p. 126). The small sample size utilized in this study is a key limitation. Despite having previously worked at the residential group home where this data were gathered, and having the full support of the Executive Director and the full staff, it still proved to be extremely difficult to gather participants. The residential group home consists of twenty children. However, due to the inherent difficulty with contacting parents and/or guardians via letter and requesting informed consent, only nine signed informed consent forms were returned. Two of the children moved out of the home before the start date of the research project. One child denied assent. Due to the sample size, the implications of the study cannot be generated to a broad population. Despite

limiting the sample size, the decision by the parents and the child not to participate highlights the implication that the study was not coercive in recruiting participants.

### **Recommendations of the Study**

- (1) A replication of the current study should be conducted with a larger sample size in order to verify the results of the current study which disproves both hypotheses, indicating that there is in fact a significant difference between frequency of contact as it compares to rates of well-being and attachment style in children residing in out-of-home placements.
- (2) A replication of the current study should be conducted with a larger sample size in order to assess gender differences among participants.
- (3) A replication of the current study should be conducted with a larger sample size in order to assess for locus of control as it relates to participants' sense of well-being.
- (4) Further research, as a longitudinal design, is necessary to track children, such as "Participant B" whose goal is family reunification and has current frequent visitation with family-of-origin, compared with "Participant D" whose goal is reunification and has current zero visitation with family-of-origin. Data gathered from this design would more strongly predict the impact of parental visitation on overall emotional well-being and reunification.
- (5) It is recommended that professionals continue to assess the implementation and effectiveness of the ASFA as it relates to child well-being.

- (6) It is recommended child welfare professionals consider child attachment style as a variable that is indicative of potential influence of parental visitation upon child well-being.
- (7) It is recommended that child welfare professionals work to facilitate greater parental visitation for children with secure attachment styles residing in out-of-home placement in order to nurture positive well-being.

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## APPENDICES

## APPENDIX A

### Recruitment of Participants

Hi, my name is Katie LaRoche and I am a graduate student at the University of New Hampshire. I am doing a research study to better understand how to best serve the needs of children in group homes. If you are interested in participating you will:

- (1) Take three pencil and paper assessments. It will take about 45 minutes to complete all the assessments.
- (2) Allow the research to access information in personal files regarding frequency of family visitation.

It is your decision whether or not you would like to participate in this research study. There are no behavioral consequences for you decision and this study is separate from your treatment at Webster House. Participation in this study may ask questions that have you think about contact with your family and about your current living situation which may be hard. The benefit of participation in this study is that it gives you the opportunity to help the workers in this group home and in other group homes to better help care for you and children like you. Does anyone have any questions?

Please circle:

YES, I am willing to participate in this study.

NO, I am not willing to participate in this study.

## APPENDIX B

### Attachment Styles Questionnaire

#### **Attachment Styles Questionnaire (ASQ)**

Jan Pieter van Oudenhoven and Jacomijn Hofstra

University of Groningen

2004



## APPENDIX B (continued)

### Relationship with others

Below you will find a number of statements concerning your relationship with other people.  
Please circle the most applicable answer.

	Strongly disagree	Partially disagree	Neither agree nor disagree	Partially agree	Strong- ly agree
1. I feel at ease in emotional relationships.	1	2	3	4	5
2. I would like to be open to others, but I feel I can't trust other people.	1	2	3	4	5
3. I feel uncomfortable when relationships with other people become close.	1	2	3	4	5
4. I feel comfortable without having close relationships with other people	1	2	3	4	5
5. I would like to have close relationships with other people, but I find it difficult to fully trust them.	1	2	3	4	5
6. I prefer that others are independent of me, and that I am independent of others.	1	2	3	4	5
7. I often wonder whether people like me.	1	2	3	4	5
8. I avoid close ties.	1	2	3	4	5
9. I have the impression that usually I like others better than they like me.	1	2	3	4	5
10. I trust other people and I like it when other people can rely on me.	1	2	3	4	5
11. I am often afraid that other people don't like me.	1	2	3	4	5
12. It is important to me to be independent.	1	2	3	4	5
13. I fear to be left alone	1	2	3	4	5
14. I find it easy to get engaged in close relationships with other people.	1	2	3	4	5
15. I feel at ease in intimate relationships.	1	2	3	4	5
16. I like to be self-sufficient.	1	2	3	4	5
17. I don't worry whether people like me or not.	1	2	3	4	5
18. I think it is important that people can rely on each other.	1	2	3	4	5

## APPENDIX B (continued)

	Strongly disagree	Partially disagree	Neither agree nor disagree	Partially agree	Strong- ly agree
19. I don't worry about being alone; I don't need other people that strongly.	1	2	3	4	5
20. I'm afraid that my hopes will be deceived when I get too closely related to others.	1	2	3	4	5
21. I usually find other people more interesting than myself.	1	2	3	4	5
22. I trust that others will be there for me when I need them.	1	2	3	4	5
23. I am wary to get engaged in close relationships because I'm afraid to get hurt.	1	2	3	4	5
24. I find it important to know whether other people like me.	1	2	3	4	5

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## APPENDIX C

### Behavioral Assessment System for Children, 2<sup>nd</sup> edition

Self-Report-Adolescent  
Hand-Scored Form

**SRP-A**  
Ages  
12-21

# BASC-2

## Behavior Assessment System for Children, Second Edition

Cecil R. Reynolds and Randy W. Kamphaus

### Directions:

You will need a sharp pencil or ballpoint pen. Do not use a felt-tip pen or marker.

This booklet contains sentences that young people may use to describe how they think or feel or act. Read each sentence carefully. For the first group of sentences, you will have two answer choices: T or F.

Circle T for **True** if you agree with a sentence.

Circle F for **False** if you do not agree with a sentence.

Here is an example:

1. I like parties.      ☒ T      F

For the second group of sentences, you will have four answer choices: N, S, O, and A.

Circle N if the sentence **never** describes you or how you feel.

Circle S if the sentence **sometimes** describes you or how you feel.

Circle O if the sentence **often** describes you or how you feel.

Circle A if the sentence **almost always** describes you or how you feel.

Here is an example:

2. I enjoy doing homework.      N      ☒ S      O      A

If you wish to change an answer, mark an X through it, and circle your new choice, like this:

2. I enjoy doing homework.      N      ☒ X      ☒ S      A

Give the best response for you for each sentence, even if it is hard to make up your mind. There are no right or wrong answers. Please do your best, tell the truth, and respond to every sentence.

**Before starting, please fill in the information in the box on the left-hand side of page 2.**



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A 0 9 8 7 6 5 4 3 2  
Product Number: 30028



# **BASC-2** Self-Report-Adolescent

 Sex: ☐ Female ☐ Male

Age \_\_\_\_\_

Other Data \_\_\_\_\_

School \_\_\_\_\_

Grade \_\_\_\_\_

Last \_\_\_\_\_

Month \_\_\_\_\_

Day \_\_\_\_\_

Birth Date \_\_\_\_\_

Middle \_\_\_\_\_

First \_\_\_\_\_

Your Name \_\_\_\_\_

Year \_\_\_\_\_

Day \_\_\_\_\_

Date \_\_\_\_\_

- |   |     |   |     |
|---|-----|---|-----|
| 1. I like who I am.                                 | T F | 31. I wish I were different.                                    | T F |
| 2. I hate taking tests.                             | T F | 32. I have just returned from a 9-month trip on an ocean liner. | T F |
| 3. Nothing goes my way.                             | T F | 33. Nobody ever listens to me.                                  | T F |
| 4. My muscles get sore a lot.                       | T F | 34. Often I feel sick in my stomach.                            | T F |
| 5. People tell me I should pay more attention.      | T F | 35. I think that I have a short attention span.                 | T F |
| 6. Things go wrong for me, even when I try hard.    | T F | 36. My parents have too much control over my life.              | T F |
| 7. I get mad at my parents sometimes.               | T F | 37. My teacher understands me.                                  | T F |
| 8. I used to be happier.                            | T F | 38. I just don't care anymore.                                  | T F |
| 9. I often have headaches.                          | T F | 39. Sometimes my teacher is unfair to me.                       | T F |
| 10. I don't care about school.                      | T F | 40. I don't like thinking about school.                         | T F |
| 11. I can never seem to relax.                      | T F | 41. I worry a lot of the time.                                  | T F |
| 12. I always go to bed on time.                     | T F | 42. I get along well with my parents.                           | T F |
| 13. My classmates don't like me.                    | T F | 43. Other children don't like to be with me.                    | T F |
| 14. I worry about tests more than my classmates do. | T F | 44. I wish I were someone else.                                 | T F |
| 15. My parents are always right.                    | T F | 45. I like my parents everything.                               | T F |
| 16. If I have a problem, I can usually work it out. | T F | 46. I can handle most things on my own.                         | T F |
| 17. I never break the rules.                        | T F | 47. I like to take things easy.                                 | T F |
| 18. I have not seen a car in at least 6 months.     | T F | 48. I am sometimes jealous.                                     | T F |
| 19. What I want to be seems too hard.               | T F | 49. My parents are always telling me what to do.                | T F |
| 20. I worry about little things.                    | T F | 50. I often worry about something bad happening to me.          | T F |
| 21. Nothing goes right anymore.                     | T F | 51. I don't seem to do anything right.                          | T F |
| 22. I never get into trouble.                       | T F | 52. I like everyone I meet.                                     | T F |
| 23. I feel like I'm in a rut every single time.     | T F | 53. I have a hard time getting things done.                     | T F |
| 24. I never seem to get anything right.             | T F | 54. Most things are harder for me than for others.              | T F |
| 25. I have never been in love.                      | T F | 55. I have some bad habits.                                     | T F |
| 26. My friends have more fun than I do.             | T F | 56. Other children are happier than I am.                       | T F |
| 27. I like to dance.                                | T F | 57. I would like to be a police officer or a fireman.           | T F |
| 28. I always do what my parents tell me.            | T F | 58. I always do homework on time.                               | T F |
| 29. I don't know how much I study.                  | T F | 59. I like to go to New York City.                              | T F |
| 30. I cover up my work when the teacher walks by.   | T F | 60. I never quite reach my goal.                                | T F |

# APPENDIX C (continued)

**MEMBER:** For the first group of sentences (1-69),  
circle T - True F - False

For the second group of sentences  
N - Never S - Sometimes

61. I feel good about myself.	T F	91. I get upset about my looks.	N S O A
62. Sometimes when alone, I hear my name.	T F	92. I feel like people are out to get me.	N S O A
63. Nobody ever goes to my home.	T F	93. I feel depressed.	N S O A
64. I get sick more than others.	T F	94. I sleep with my schoolbooks.	N S O A
65. I give more help than others.	T F	95. I listen when people are talking to me.	N S O A
66. My parents blame too many of their problems on me.	T F	96. I stay awake for 24 hours without getting tired.	N S O A
67. I am a good student.	T F	97. Teachers make me feel stupid.	N S O A
68. Nothing about me is right.	T F	98. No one understands me.	N S O A
69. I am a little clumsy.	T F	99. I feel dizzy.	N S O A
70. My school feels good to me.	N S O A	100. Someone wants to hurt me.	N S O A
71. I am a good student.	N S O A	101. I feel really about things.	N S O A
72. I am proud of my parents.	N S O A	102. I like going places with my parents.	N S O A
73. I am a good student.	N S O A	103. I feel that nobody likes me.	N S O A
74. I like the way I look.	N S O A	104. I am good at things.	N S O A
75. People like me.	N S O A	105. I am lonely.	N S O A
76. I am dependable.	N S O A	106. I can solve difficult problems by myself.	N S O A
77. I am a good student.	N S O A	107. I like to be a person.	N S O A
78. When I get angry, I can't think about anything else.	N S O A	108. I get nervous.	N S O A
79. I am a good student.	N S O A	109. My parents expect too much from me.	N S O A
80. I worry when I go to bed at night.	N S O A	110. I worry but I don't know why.	N S O A
81. I am a good student.	N S O A	111. I feel sad.	N S O A
82. School is boring.	N S O A	112. I get bored in school.	N S O A
83. I am a good student.	N S O A	113. I have trouble getting my attention to the teacher.	N S O A
84. Even when I try, I can't do it.	N S O A	114. When I take tests, I can't think.	N S O A
85. I am a good student.	N S O A	115. Teachers look for the best of things that I would do.	N S O A
86. People act as if they don't hear me.	N S O A	116. I am left out of things.	N S O A
87. I am a good student.	N S O A	117. I like to listen to music.	N S O A
88. I have trouble standing still in lines.	N S O A	118. I talk while other people are talking.	N S O A
89. I am a good student.	N S O A	119. Even when I am alone, I feel like someone is watching me.	N S O A
90. I am disappointed with my grades.	N S O A	120. I want to do better, but I can't.	N S O A

# APPENDIX C (continued)

nces (70–176), circle

O – Often

A – Almost always

SRP–A

Ages 12–21

121. My looks bother me.	N S O A	151. I am slow to make new friends.	N S O A
122. I hear voices in my head that no one else can hear.	N S O A	152. I do things over and over and can't stop.	N S O A
123. I am good at making decisions.	N S O A	153. My friends come to me for help.	N S O A
124. I have trouble sitting still.	N S O A	154. People tell me to be still.	N S O A
125. I pay attention when someone is telling me how to do something.	N S O A	155. My parents listen to what I say.	N S O A
126. My parents are easy to talk to.	N S O A	156. I like to be close to my parents.	N S O A
127. Teachers are unfair.	N S O A	157. My teachers want too much.	N S O A
128. I have a hard time slowing down.	N S O A	158. When I get angry, I want to break something.	N S O A
129. I like going to bed at night.	N S O A	159. I get phone calls from popular movie actors.	N S O A
130. I see weird things.	N S O A	160. I hear things that others cannot hear.	N S O A
131. I get nervous when things do not go the right way for me.	N S O A	161. I get mad at others.	N S O A
132. My mother and father like my friends.	N S O A	162. I have trouble sleeping the night before a big test.	N S O A
133. People think I am fun to be with.	N S O A	163. I am liked by others.	N S O A
134. I feel like I have to get up and move around.	N S O A	164. People tell me that I am too noisy.	N S O A
135. Other people find things wrong with me.	N S O A	165. I feel that others do not like the way I do things.	N S O A
136. I like to make decisions on my own.	N S O A	166. I am someone you can rely on.	N S O A
137. I like to be the first one to try new things.	N S O A	167. When I get angry, I want to hurt someone.	N S O A
138. Little things bother me.	N S O A	168. When I start talking, it is hard for me to stop.	N S O A
139. I am blamed for things I don't do.	N S O A	169. People get mad at me even when I don't do anything wrong.	N S O A
140. I worry about what is going to happen.	N S O A	170. I am afraid of a lot of things.	N S O A
141. My mother and father help me if I ask them to.	N S O A	171. My parents trust me.	N S O A
142. I feel like I want to quit school.	N S O A	172. I hate school.	N S O A
143. I have trouble paying attention to what I am doing.	N S O A	173. My parents are proud of me.	N S O A
144. I fail at things.	N S O A	174. Ideas just race through my mind.	N S O A
145. My teacher is proud of me.	N S O A	175. My teacher gets mad at me for no good reason.	N S O A
146. I feel out of place around people.	N S O A	176. Other people are against me.	N S O A
147. I like to dare others to do things.	N S O A		
148. I talk without waiting for others to say something.	N S O A		
149. Someone else controls my thoughts.	N S O A		
150. I quit easily.	N S O A		

Please be sure you have marked all items.

## APPENDIX D

### Standardized Assessment Addendum Question

1. Please tell me who you consider to be members of your family.

---

---

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Please circle one number:

2. If you wanted to see your family more than you do right now, do you believe you would be able to if you asked?

1	2	3	4	5
definitely would be able to			definitely wouldn't be able to	

3. If you wanted to see your family less than you do right now, do you believe you would be able to if you asked?

1	2	3	4	5
definitely would be able to			definitely wouldn't be able to	

Please circle one letter:

4. If you had a magic wand and you could change things to how you wanted them to be what would you do?

- a) Have more contact with your family
- b) Have less contact with your family
- c) Have the same amount of contact with your family as you have right now

## APPENDIX E

### Informed Consent

Dear Participant:

Thank you for considering participation in this research project. The purpose of this research is to better understand the effects of situational events on the well-being of children in residential care. Participation in this study involves:

- 1) Your child will take three pencil and paper assessments. In total the assessments will take approximately 45 minutes to complete.
- 2) The researcher will have access to archival data regarding past family visitation.

### Confidentiality

In order to ensure confidentiality there will be no names attached to the assessments or the interviews. Numbers will be assigned for data organization purposes.

### Risks and Benefits

Your child will be asked to assess his/her situation in regards to family-of-origin contact and his/her current living situation. These may potentially be sensitive subjects to discuss and therefore may cause emotional distress. If at any time your child wishes to withdraw from the study, he/she may do so. If your child does experience emotional distress please notify Lou Catano, the Executive Director at Webster House at (603) 626-8013 or Dr. David Hebert, UNH faculty advisor, at (603) 862-3736.



Through participation in this study, your child will provide valuable information that will be used to assess the best treatment practices for children in residential care. Also this information has the potential to assist in the increase of the well-being of children in residential care. In order to protect the identity of participants, data will be analyzed as group data and individual reports will not be analyzed.

### Contact Information

If you have any questions pertaining to the research you can contact Katie LaRoche at (978) 790-0629 or [kly28@unh.edu](mailto:kly28@unh.edu) or Lou Catano, Executive Director of the Webster House at (603) 622-8013 to discuss them. If you have questions about your rights as a research subject you can contact Julie Simpson in the UNH Office of Sponsored Research, (603) 862-2003 or [Julie.simpson@unh.edu](mailto:Julie.simpson@unh.edu) to discuss them.

I, \_\_\_\_\_ CONSENT/AGREE to allow, \_\_\_\_\_, to  
(print name) (print child's name)  
participate in this research study.

Signature

Date \_\_\_\_\_

## APPENDIX F

### Child Assent (ages 8-17)

Thank you for choosing to take part in this research study. You will be taking three different questionnaires that will take a total of 45 minutes to complete. There may be parts that may be hard to read. If you would like I can read them to you. The questionnaires are looking at how you enjoy your life here at the Webster House and how much you see your family. Your name will not be on any of the questionnaires and no one will find out how you answered the questions. Taking part in this study is completely up to you and you may stop at any time.

If at the end of this study you feel you are upset in any way please let distress Lou Catano know. If you have any questions or concerns about this study please feel free to contact Katie LaRoche at (978) 790-0629 or [kly28@unh.edu](mailto:kly28@unh.edu) to talk about them. If you have any questions or concerns regarding your rights as a research subject you can contact Julie Simpson in the UNH Office of Sponsored Research, (603) 862-2003 or [Julie.simpson@unh.edu](mailto:Julie.simpson@unh.edu) to discuss them.

Do you have any questions?

## APPENDIX G

### IRB Approval Letter

#### University of New Hampshire

Research Conduct and Compliance Services, Office of Sponsored Research  
Service Building, 51 College Road, Durham, NH 03824-3585  
Fax: 603-862-3564

01-Feb-2007

LaRoche, Katie Lynn  
Education, Morrill Hall  
40 Dennett Street  
Portsmouth, NH 03801

**IRB #:** 3858

**Study:** Well-Being, Attachment Style, and Locus of Control as a Function of Quantity of  
Contact with Family-of-Origin for Children in Residential Care

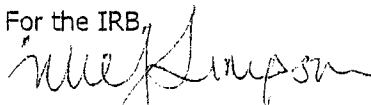
**Approval Date:** 13-Dec-2006

The Institutional Review Board for the Protection of Human Subjects in Research (IRB) has reviewed and approved the protocol for your study.

**Approval is granted to conduct your study as described in your protocol for one year from the approval date above.** At the end of the approval period you will be asked to submit a report with regard to the involvement of human subjects in this study. If your study is still active, you may request an extension of IRB approval.

Researchers who conduct studies involving human subjects have responsibilities as outlined in the attached document, *Responsibilities of Directors of Research Studies Involving Human Subjects*. (This document is also available at <http://www.unh.edu/osr/compliance/irb.html>.) Please read this document carefully before commencing your work involving human subjects.

If you have questions or concerns about your study or this approval, please feel free to contact me at 603-862-2003 or [Julie.simpson@unh.edu](mailto:Julie.simpson@unh.edu). Please refer to the IRB # above in all correspondence related to this study. The IRB wishes you success with your research.

For the IRB,  
  
Julie F. Simpson  
Manager

cc: File  
Hebert, David